

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services**

**Guidance for Applicants (GFA) No. SM-02-005  
Part I - Programmatic Guidance**

**Workforce Training Grants to Reduce Racial and  
Ethnic Disparities in Mental Health Services**

**Short Title: Workforce Training**

Application Due Date: June 19, 2002

---

Bernard S. Arons, M.D.  
Director, Center for Mental Health Services  
Substance Abuse and Mental Health  
Services Administration

---

Charles G. Curie, M.A., A.C.S.W.  
Administrator  
Substance Abuse and Mental Health  
Services Administration

Date of Issuance: April 2002

Catalog of Federal Domestic Assistance (CFDA) No. 93.243  
Authority: Public Health Service Act, as amended, Title V, Part B, Section 520A

## Table of Contents

Agency .....	Page 3
Action and Purpose .....	Page 3
Who Can Apply? .....	Page 3
Application Kit .....	Page 3
Where to Send the Application .....	Page 4
Application Dates .....	Page 4
How to Get Help .....	Page 4
Grants .....	Page 5
Funding Criteria .....	Page 6
Postaward Requirements.....	Page 6
Program Overview .....	Page 6
Detailed Information on What to Include in Your Application .....	Page 9
Face Page	
Abstract	
Table of Contents	
Budget Form	
Program Narrative and Support Documentation	
Appendices	
Assurances	
Certifications	
Disclosure of Lobbying Activities	
Checklist	
Project Narrative/Review Criteria – Sections A through E Detailed .....	Page 10
Section A: Project Description	
Section B: Project Rationale	
Section C: Implementation Plan	
Section D: Evaluation Plan, Data Collection, and Analysis	
Section E: Project Management and Staffing Plan	
Confidentiality and SAMHSA Participant Protection .....	Page 16
Appendix I: Detailed Training Program/Clinical Site Guidelines .....	Page 19
Appendix II: CMHS Consumer and Family Participation Guidelines .....	Page 21
Appendix III: Definitions .....	Page 23
Appendix IV: Center for Mental Health Services Government Performance	
Results Act Client Outcome Measures .....	Page 25

---

## Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

---

## Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) announces the availability of fiscal year 2002 funds for up to four grants to develop, implement, document, and evaluate training programs designed to enhance the ability of mental health providers to provide culturally and linguistically appropriate services to racial and ethnic minorities. By implementing this program, CMHS plans to identify effective “workforce training” models that improve the capacity of the mental health workforce and the mental health system to engage, treat, and support racial and ethnic minority persons with mental illnesses or serious emotional disturbance. (See Appendix III for definitions.)

Approximately \$1.6 million will be available for four Workforce Training grant awards. The average annual award will range from \$300,000 to \$400,000 in total costs (direct and indirect). Actual funding levels will depend on the availability of funds.

Grant support may be requested for a period of 3 years (in three separate 1-year budgets). Annual continuation awards depend on the availability of funds and progress achieved.

Quantitative measurement of consumer outcomes is beyond the scope of the current grant program; however, should funding become available in the future, SAMHSA

may support evaluations to test the impact of the training on mental health consumers served by trainees. Successful Workforce Training grantees whose models demonstrate a sound evaluation design and have significant potential to improve consumer outcomes may have the opportunity to compete for such funds. All applicants should design their current proposal so that an evaluation of client outcomes would be possible.

---

## Who Can Apply?

Applications may be submitted by units of State and local or Indian tribal governments, universities and colleges, and domestic private organizations such as community-based organizations, health care delivery systems, consumer and family organizations, faith-based organizations, tribal organizations, and others.

Minority-based nonprofit organizations are encouraged to apply. These include:

- Organizations and agencies serving bilingual/bicultural racial and ethnic minority populations.
- Historically Black Colleges and Universities.
- Tribal Colleges and Universities.
- Hispanic Association of Colleges and Universities members.

---

## Application Kit

SAMHSA application kits include the two-part Guidance for Applicants (GFA) and the blank form PHS-5161 (revised July 2000) needed to apply for an award.

The GFA has two parts:

Part I - Provides information specific to this program. It is different for each GFA. **This document is Part I.**

Part II - Has general policies and procedures that apply to **all** SAMHSA grants and cooperative agreements.

**You will need to use both Part I and Part II to apply for this program.**

**To get a complete application kit, including Parts I and II, you can:**

Call the SAMHSA/CMHS Knowledge Exchange Network (KEN) at:  
Voice: 1-800-789-2647  
8:30 a.m. to 5:00 p.m. e.s.t.  
TDD: 866-889-2647  
Fax: 301-984-8796  
E-mail: [ken@mentalhealth.org](mailto:ken@mentalhealth.org)  
Write: P.O. Box 42490  
Washington, D.C. 20015

**or**

Download the application kit from the SAMHSA web site at [www.SAMHSA.gov](http://www.SAMHSA.gov). Click on "Grant Opportunities." Be sure to download both parts of the GFA.

---

## Where to Send the Application

Send the original and two copies of your grant application to:

**SAMHSA Programs**  
Center for Scientific Review  
National Institutes of Health  
Suite 1040  
6701 Rockledge Drive MSC-7710  
Bethesda, MD 20892-7710

**\*\*Change the zip code to 20817 if you use express mail or courier service.**

### **Please note:**

- 1) Be sure to type: "GFA SM-02-005" and "Workforce Training" in Item Number 10 on the face page of the application form.
- 2) If you require a phone number for delivery, you may use (301) 435-0715.

**NOTE: Effective immediately, all applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.**

---

## Application Dates

Your application must be received by June 19, 2002.

Applications received after this date must have a proof-of-mailing date from the carrier before June 12, 2002.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

---

## How to Get Help

**For questions on program issues, contact:**

Kana Enomoto  
Public Health Advisor  
Center for Mental Health Services  
Substance Abuse and Mental Health  
Services Administration  
5600 Fishers Lane, Room 11C-25  
Rockville, MD 20857  
(301) 443-9324  
E-mail: [kenomoto@samhsa.gov](mailto:kenomoto@samhsa.gov)

**For questions on grants management issues, contact:**

Steve Hudak  
Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services  
Administration  
5600 Fishers Lane, Room 13-103  
Rockville, MD 20857  
(301) 443-9666  
E-mail: [shudak@samhsa.gov](mailto:shudak@samhsa.gov)

---

## Grants

### Awardees Must:

- C Comply with all aspects of the Terms and Conditions of the grant
- C Agree to provide SAMHSA with data required for the Government Performance Results Act (GPRA).
- C Consult with the Government Project Officer (GPO) on significant modifications or adaptations of the project plan.
- C Attend grantee meetings, as required by the Federal representative (estimated at one 2-day meeting to be held annually in Washington, D.C.). Travel expenses for the Program Director and Evaluator to attend meetings must be included in the budget.
- C Participate in grantee teleconferences or site visits to be arranged by the Federal representative on an as-needed basis.
- C Take advantage of technical assistance that will be provided by CMHS staff and the CMHS Technical Assistance Centers in post-award activities.

- C Facilitate the participation of consumers and representatives of the targeted provider/trainee population in the planning, implementation, and evaluation of the project.
- C Cooperate with SAMHSA in responding to requests for information relevant to the grant program.
- C Work with SAMHSA to disseminate the findings of the program through publications, presentations at conferences, collaboration with other sites, and other efforts to make the findings available to the field.

### SAMHSA Staff Will:

- C Provide the Federal interpretation on the provisions of the GFA.
- C Monitor the overall progress of the program sites, including the quality of the training program implementation and adherence to terms of the grant.
- C Convene grantee meetings, grantee teleconferences as needed, individual site visits, and technical assistance support.
- C Arrange for technical assistance to program sites through CMHS Technical Assistance Centers on an as-needed basis.
- C Provide guidelines for submission of annual, final, financial, and other required reports.
- C Provide consultation on the development of tools and other products accruing from the projects.

- C Collaborate with the sites in interpreting the results of the evaluations, preparing publications of program findings and other program products, and conducting other dissemination activities.

---

## Funding Criteria

Decisions to fund a grant under this announcement will be based upon:

- C The overall technical merit of the application, as determined by the Peer Review Committee and concurred to by the CMHS National Advisory Council.
- C SAMHSA seeks to distribute its grant funds equitably across different geographic areas of the country. Therefore, in making funding decisions, SAMHSA will make no more than two awards per State.
- C Availability of funds.

---

## Post-award Requirements

1. Comply with the GFA requirements and the Terms and Conditions of Awards.
2. Provide financial status reports, as required in the PHS Grants Policy Statement.
3. Submit an annual report summarizing:
  - < Project progress with respect to the project implementation plan and other notable accomplishments.
  - < Changes in key personnel.
  - < Problems encountered and how they were addressed.
  - < Alterations in approaches utilized.
  - < Proposed program activity for the next budget period.
  - < A proposed budget and budget justification for the next budget year.
4. Submit a final report at the end of the grant period summarizing:
  - < Project findings.
  - < Lessons learned.
  - < Training manuals, fidelity measures, and other tools developed as implementation guides.
  - < Results of the evaluation.
  - < Implications of the training program outcomes for improving services and eliminating disparities.
5. Comply with the GPRA reporting requirements for core client outcome measures. (See Appendix IV.)

---

## Program Overview

In *Mental Health: Culture, Race, Ethnicity-- A Supplement to Mental Health: A Report of the Surgeon General* (DHHS, 2001), the U.S. Surgeon General concludes that racial and ethnic minorities bear a greater disability burden from mental illnesses, because they are less likely than white Americans to receive appropriate mental health services. The Supplement outlines many strategies for eliminating mental health disparities, including: improve access, increase utilization, improve quality, and close gaps in the science base. By building capacity in the mental health workforce to serve racial and ethnic minorities, this grant program helps to address each of these disparity elimination strategies.

The overall goals of the Workforce Training grants are:

- 1) To develop, implement, and document promising training programs for increasing the capacity of the mental health workforce to serve racial/ethnic minority communities in a manner that is culturally and linguistically appropriate.
- 2) To evaluate the effectiveness of those training programs in improving mental health provider knowledge, skills, or abilities for working with racial/ethnic minority populations.

In this program, grantees will: 1) Develop and/or document an innovative training program with the objective of increasing the number of providers, professional or paraprofessional, equipped to meet the mental health needs of underserved racial and ethnic minority groups; 2) Identify training program implementation standards and training objectives; 3) Develop statistically reliable and valid measures of adherence to training program standards (fidelity of implementation) and of training outcomes; 4) Implement the training program in an appropriate academic or community setting; and 5) Evaluate the fidelity of implementation and effectiveness of the program in achieving its training goals.

In response to the Surgeon General's recommendations, the Workforce Training grants will support the development and/or documentation of innovative training programs designed to increase the capacity of professional or paraprofessional providers to meet the mental health needs of African American, American Indian/Alaska Native, Asian American, Hispanic American, Native Hawaiian and Other Pacific Islander, or adults, older adults, children, and families.

Applicants may propose curricula that

address specific skills for working with an identified group or disorder (e.g., American Indian and Alaska Native adults with post-traumatic stress disorder), or they may provide training on general topics that span multiple populations/problems (e.g., cross-cultural awareness).

Proposals may be considered that also address the needs of other underserved or Limited English Proficiency populations, so long as at least 50 percent of the population to be served by trainees are racial and ethnic minorities.

Grantees may propose the adaptation/replication and manualization of an existing training program for which there is qualitative (or limited quantitative) evidence of effectiveness in preparing providers to serve racial and ethnic minority populations. Grantees who propose to adapt or replicate an existing training program may not duplicate expenses that have already been incurred and must demonstrate that the proposed activities are not also being covered by other sources of funding.

Grantees may also propose the development and implementation of a new training program for which there is expert consensus as to its promising nature. In this case, applicants must provide evidence of significant consensus and support by experts, including evaluators, policy makers, providers, consumers, and families. Evidence should take the form of published papers, conference reports, meeting summaries, empirical studies, letters of support, or other verifiable source. Applicants must also demonstrate the need for a new program, including an explanation of how the new training offsets costs or improves upon existing curricula for the same target population.

Regardless of whether they are pre-existing or newly developed, the training programs

under investigation must be relevant to the communities in which racial and ethnic minorities live, work, and go to school. To ensure “real world” utility, the proposed curricula must include a clinical practicum component, i.e., “hands-on” training in a community-based service setting. (See Appendix III for definitions.) These settings must be located in the U.S., its territories, or associated jurisdictions. They may be public or private and dedicated to health, mental health, education, or social services. They may be targeted to serving specific racial, ethnic, cultural, or language groups.

Grantees must ensure close collaboration among training program faculty, evaluation staff, and community-based agencies to implement and evaluate the curricula in “real world” settings. Training programs and clinical service sites in question must meet the criteria outlined in Section A of the Project Narrative. Furthermore, mental health consumers and representatives of the trainee population must be consulted throughout the planning, implementation, evaluation, and dissemination stages of the grant program. (See Appendix II for guidelines.)

Because racial and ethnic disparities in mental health are wide-ranging, and strategies for addressing them are equally diverse, the Workforce Training program is not limited to a single training model or approach to disparities elimination. While some applicants may focus on front-line providers, others may choose to implement a training that involves everyone in an agency from the receptionist to the board of directors.

Grantees are encouraged to propose training curricula for any of the following:

- < Bilingual/bicultural providers of any discipline.
- < Paraprofessionals.
- < Consumer and family providers.

- < Graduate students (in psychiatric nursing, psychiatry, psychology, or social work).
- < Mental health administrators and non-clinical staff.
- < Licensed mental health or substance abuse treatment professionals.
- < Other health care or social service providers (e.g., pediatricians, nurses, case managers, OB/GYNs, etc.).

Curricula may cover specific skills for working with discrete populations (e.g., Native Hawaiian children with severe emotional disturbances and their families), or they may cover broader knowledge or abilities (e.g., how to work with Limited English Proficiency populations or working across cultures).

By the end of the grant period, all successful grantees will have implemented the training curricula in a suitable academic or community-based setting, measured the fidelity with which the training was conducted, and evaluated the degree to which trainees are achieving the training objectives. Any measurement of baseline utilization data and other relevant clinical data needed to provide a basis of comparison for further evaluation of the curricula’s impact will also be conducted during the grant period.

If funds become available in the future, successful Workforce Training grantees may be eligible to compete for funding to: 1) Conduct a controlled, community-based study comparing relevant outcomes for providers who have been through the target training program versus providers in a comparison training condition; 2) Evaluate satisfaction, utilization, and outcomes for consumers seen by providers in both training conditions; 3) Synthesize results and present findings; and 4) Work with SAMHSA and other relevant Federal agencies to disseminate findings.



---

## Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

### **1. FACE PAGE**

Use Standard Form 424, which is part of the PHS 5161-1 (revised July 2000). See Appendix A in Part II of the GFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

### **2. ABSTRACT**

Your total abstract should be no longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used in publications, reports to Congress, or press releases, if your project is funded.

### **3. TABLE OF CONTENTS**

Include page numbers for each major section of your application and for each appendix.

### **4. BUDGET FORM**

Use Standard Form 424A, which is part of the PHS 5161-1 (revised July 2000). See Appendix B in Part II of the GFA for instructions.

### **5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION**

The **Project Narrative** describes your project. It is made up of Sections A through E. **More detailed information of Sections A through E follows #10 of this checklist.** Sections A through E may be no longer than 30 pages.

- < **Section A** - Project Description
- < **Section B** - Project Rationale
- < **Section C** - Implementation Plan
- < **Section D** - Evaluation Plan, Data Collection, and Analysis
- < **Section E** - Project Management and Staffing Plan

**The supporting documentation for your application is made up of Sections F through I.** There are no page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions.

- < **Section F** - Literature Citations

This section must contain complete citations, including titles and all authors for any literature you cite in your application.

- < **Section G** - Budget Justification, Existing Resources, Other Support
- < **Section H** - Biographical Sketches and Job Descriptions

- C** Include a biographical sketch for the Project Director/Principal Investigator, Evaluation Director, Training Director, Training Faculty, Evaluation Staff, Consumer/Family Community Liaison, and other key positions. Each sketch may be up to **two pages long**. If the person has not been hired, include a letter of commitment with the sketch.
- C** Include job descriptions for key personnel. They should be no longer than **one page**.

- ❏ Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.
- ❏ **Section I** - Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in this section are outlined after the *Project Narrative/Review Criteria -- Sections A through E Detailed* section of this document.

## **6. APPENDICES 1 THROUGH 6**

- ❏ Use only the appendices listed below.
- ❏ **Do not** use appendices to extend or replace any of the sections of the Project Narrative. (Reviewers will not consider them if you do.)
- ❏ **Do not** use more than **35 pages** (plus all instruments) for the appendices.

**Appendix 1:** Training Program Logic Model

**Appendix 2:** Supporting Documentation for the Training Program

**Appendix 3:** Project Flowchart/ Action Plan (including Project Time Line)

**Appendix 4:** Letters Documenting Collaborative Commitments (including Memoranda of Understanding, interagency agreements, in-kind contributions, commitments from consultants, etc.)

**Appendix 5:** Data Collection Instruments/Interview Protocols

## **Appendix 6: Sample Letters of Consent**

### **7. ASSURANCES**

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1 (revised July 2000).

### **8. CERTIFICATIONS**

See Part II of the GFA for instructions.

### **9. DISCLOSURE OF LOBBYING ACTIVITIES**

See Part II of the GFA for lobbying prohibitions.

### **10. CHECKLIST**

See Appendix C in Part II of the GFA for instructions.

---

## **Project Narrative/Review Criteria – Sections A Through E Detailed**

**Sections A through E are the Project Narrative/Review Criteria of your application. They describe what you intend to do with your project.** Below you will find detailed information on how to respond to Sections A through E. Sections A through E may not be longer than 30 pages.

**Your application will be reviewed against the requirements described below for Sections A through E:**

- ❏ A peer review committee will assign a point value to your application based on how well you address **each** of these sections.
- ❏ The number of points after each main heading shows the **maximum number of**

**points** a review committee may assign to that category.

- C Bullet statements do not have points assigned to them. They are provided to invite attention to important areas within the criterion.
- C Reviewers will be looking for evidence of stakeholder (who must include both consumers and family members) participation **in each section** of the Project Narrative. Reviewers may deduct points from any section where this information is missing or inadequate.
- C Reviewers will be looking for evidence that the applicant has a clear understanding of, and has taken into account, the cultural, linguistic, and socioeconomic needs of the target populations (both trainees and consumers/families). Reviewers may deduct points from any section where this information is missing or inadequate. SAMHSA's guidelines for cultural competence are included in Part II of the GFA for reference.

## **Section A: Project Description**

(25 points)

- C **Describe the target population of trainees in terms of:**
  - < Demographic characteristics, including age, gender, race, and ethnicity. Include sexual orientation, acculturation, immigration, refugee status, and disability status where data are available and relevant.
  - < Geographic region and urban/rural location.
  - < Educational or professional background (including licensure information or prior experience working with the targeted population[s] to be served).

- < Language ability, evidence of bilingualism/biculturalism.
- < Number to be trained by the program.
- < If more than one trainee population is selected as the target of the proposed program (e.g., clinical, administrative, and support staff in a multicultural service agency), describe how the target populations of trainees overlap, and provide a rationale for a combined approach.

### **C Describe the target population to be served by trainees in terms of:**

- < Demographic characteristics, including age, gender, race, and ethnicity. Include sexual orientation, acculturation, immigration, religion, refugee status, and disability status where data are available and relevant.
- < Geographic region and urban/rural location.
- < Socioeconomic status, including approximate proportion of target population with access to insurance.
- < Educational attainment and English proficiency or literacy, including approximate proportion of target population with Limited English Proficiency.
- < Demonstrated disparities in access, availability, or utilization of mental health services.
- < Demonstrated disparities in the quality or outcomes of mental health services received.
- < Number to be served by participants in the training program.
- < If more than one recipient population is selected as the

target of the proposed program, e.g., African American and Latino youth, describe how the populations to be served overlap, and provide a rationale for a combined approach.

**C Demonstrate that the proposed training curriculum meets the following criteria. (See Appendix I for more detail.):**

- < It is appropriate for training the specified group(s) of providers.
- < It is appropriate for training providers to serve the specified group(s) of mental health consumers.
- < It is time-limited and feasible within the parameters of the grant program.
- < It is, or will be by the end of the grant period, documented and manualized well enough to allow for replication at other sites.
- < Where relevant, it meets professional standards of licensure, certification, liability insurance, supervision, monitoring, and accreditation.

**C Describe the community-based clinical site(s) where trainees will provide services for the purposes of training supervision and evaluation. (See Appendix I for more detail.) Include in your description the following:**

- < The type of organization or setting, including whether it is an ethnic-specific service agency.
- < The number and types of staff.
- < The types of mental health, substance abuse, or other services currently being provided.
- < A population-based description of the site's geographic or catchment area (i.e., the population to whom

the site's services are available).

- < The number of consumers served annually, broken out by age, gender, and race/ethnicity.
- < Evidence that trainees will have sufficient opportunity to work with the target populations addressed by the training curriculum.
- < A list of all relevant licensures and accreditations.

**C Describe the degree to which all or part of the proposed training curriculum is already in place. If the training curriculum has not yet been developed or implemented, include a description of how the target populations of providers and persons to be served are currently being trained or served.**

**Section B: Project Rationale**

(20 points)

In this section, applicants should demonstrate how the proposed project will help SAMHSA to achieve the goals of the *Workforce Training* program. The applicant should:

- C Discuss how developing, implementing, and evaluating the proposed curriculum will address the overall goals of the *Workforce Training* program listed under Program Overview. Include a discussion of how the proposed project links with or is supported by the Surgeon General's Supplement, *Mental Health: Culture, Race, and Ethnicity* (DHHS, 2001).
- C Identify the program's training goals, and describe how it will accomplish those goals. For curricula that have not yet been developed, describe the process for identifying training goals and developing educational strategies to meet them.

- C Provide a preliminary logic model of the training curriculum or curriculum development process. (Note: A logic model is a tool for linking the design of a project with its implementation and expected outcomes. The goal of a theory-based logic model is to explain the underlying assumptions of a project by clearly defining the intended population, the goals the project expects to achieve for that population, and the strategies that will be put into place for achieving those goals.) Attach as your Appendix 1, titled “Training Program Logic Model.”
- C Provide the evidence base (quantitative or qualitative) for the curriculum proposed, including relevant literature citations and a discussion regarding the appropriateness for the target population of providers and persons to be served. Outline the potential merits or disadvantages of the proposed curriculum. Provide evidence that the training curriculum is likely to result in a change in the clinical performance of trainees.
- C If the proposed curriculum has not yet been implemented in any academic or community settings, applicants must provide evidence of significant consensus as to its promising nature from experts, including evaluators, policy makers, providers, consumers, and family members. Evidence of consensus should take the form of published papers, reports, meeting summaries, or letters of support or other verifiable source.

Include reports, letters, or other supporting documentation in your Appendix 2, “Supporting Documentation for the Training Program.”

- C Indicate the likely impact of the proposed training curriculum on the existing

service system capacity, including beneficial outcomes at both the individual provider and the system level. Also indicate potential and existing adverse consequences of not implementing the proposed program. Include in your discussion issues of cost and disparities elimination in access, availability, utilization, and outcomes of mental health services for racial and ethnic minorities.

- C Address the likely impact of the proposed training curriculum on the mental health consumers served. Include the potential adverse consequences of not implementing the proposed program.

### **Section C: Implementation Plan** (20 points)

Applicants should demonstrate the adequacy of their implementation plans by providing a description of the following:

- C The overall project plan, including a flowchart or action plan to illustrate how project goals are to be accomplished with the resources requested. Include a time line for the development and implementation of the training program. Attach in Appendix 3, titled “Project Flowchart/Action Plan.”
- C Plans for ensuring the cultural and language appropriateness of the project, including the participation of consumers and family members from the community to be served in the implementation of the grant project.
- C How training faculty will be selected with respect to the proposed training model. You may include, but are not limited to, the following:
  - < Personal, academic, or professional qualifications.

- < Bilingual/bicultural or other knowledge, skills, and abilities.
  - < Expertise as a consumer, provider, researcher, or educator in mental health services or other field specific to racial and ethnic minorities.
  - C How trainees will be selected. You may include, but are not limited to, the following:
    - < Personal, academic, or professional qualifications.
    - < Level of prior clinical experience.
    - < Bilingual/bicultural or other knowledge, skills, and abilities.
    - < Commitment to working with the target population(s) to be served.
  - C Marketing, recruitment, selection, and retention strategies that will be used to ensure that the program reaches the target number of trainees.
  - C Strategies for outreach and engagement to increase utilization and ensure relevant clinical opportunities for trainees, if the target population(s) to be served by trainees is currently underrepresented at the clinical service site.
  - C Describe how the current evaluation design relates to future study of how consumer outcomes relate to the proposed curriculum. Include what comparisons will be provided for the target populations of providers and persons to be served.
  - C Provide specific evaluation questions to be examined and hypotheses to be tested.
  - C Discuss how administrative data, CMHS GPRA measures, or other sources of data will be used to establish baseline program outcomes. Examples of administrative data include:
    - < Type and amount of services provided.
    - < Type and number of clients served.
    - < Types of providers used.
    - < Where services were provided.
    - < How much services cost.
    - < Recidivism or dropout rates.
- Describe the process for securing access to administrative or other sources of data.

#### **Section D: Evaluation Plan**

(20 points)

In this section, applicants should provide a plan for conducting a process evaluation of their project, including fidelity and outcome assessments (for trainees) of their proposed training curriculum. Outline a plan for collecting baseline data on relevant client and systems level outcomes in order to facilitate future comparisons. In the evaluation plan, each applicant should:

- C Describe the design of the proposed evaluation, including how CMHS GPRA core client outcome measures (see Appendix IV) will be incorporated.
- C If proposing to use an existing training curriculum, describe what knowledge, skills, or abilities the training targets and how change in these domains will be measured in a statistically reliable and valid manner. If proposing the use of a new curriculum, describe the approach to be used to develop a statistically reliable and valid measure of training program outcomes.
- C Describe the data collection plan, including:
  - < Sources of data.
  - < A time line for data collection.

- < Data management and quality control.
- < Training of records reviewers or interviewers, as appropriate.
- C Describe plans for monitoring and ensuring the fidelity of the implementation of the training curriculum.
- C Discuss how consumers and representatives of the target population will participate and contribute to the evaluation design, data collection efforts, interpretation of results, and dissemination of findings.
- C Provide evidence that the proposed evaluation plan is sensitive to age, gender, sexual orientation, race/ethnicity, and other cultural factors related to the target population of trainees and, as appropriate, to the community to be served.
- C Provide a preliminary statistical analysis plan, and describe any qualitative analyses to be conducted.

**Section E: Project Management and Staffing Plan**  
(15 points)

Applicants must demonstrate their ability to carry out the proposed program activities in terms of staffing and management plans by doing the following:

- C Demonstrate that the training and evaluation staff are knowledgeable about the targeted trainee and clinical populations. Describe the relevant qualifications and experience of key personnel, and describe the extent to which staff possess the clinical, cultural, and language skills to work effectively with the targeted populations. In

particular, demonstrate that the project staff are sensitive to issues of age, gender, sexual orientation, spirituality, race, ethnicity, and other factors related to the target clinical population and, as appropriate, to the target trainee population.

- C Document the capability and experience of the applicant organization with similar projects and populations. In particular, demonstrate the extent to which the applicant organization has the capability, experience, and commitment to support a training program designed to increase the availability of culturally and linguistically appropriate mental health services to racial and ethnic minorities.
- C Provide evidence of the capability, experience, and commitment of proposed consultants and subcontractors, including letters of commitment. Attach in Appendix 4, titled “Letters Documenting Collaborative Commitments.”
- C Provide evidence of the capability, experience, and commitment of any collaborating training programs or community-based service agencies, including letters of commitment. Attach in Appendix 4, titled “Letters Documenting Collaborative Commitments.”
- C Assign responsibility to identified staff for specific tasks described in the project implementation and evaluation plans.
- C Describe the development of partnerships, coalitions, and avenues for stakeholder input.

NOTE: Although the **budget** for the proposed project is not a review criterion, the Review Group will be asked to comment

on the budget appropriateness after the merits of the application have been considered.

---

## Confidentiality and SAMHSA Participant Protection

You must address seven areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. If one or all of the seven areas are not relevant to your project, you must document the reasons. No points will be assigned to this section.

This information will:

- 1) Reveal if the protection of participants is adequate or if more protection is needed.
- 2) Be considered when making funding decisions.

Different projects may expose people to different types of risks. In Section I of your application, you will need to:

- C Report any possible risks for people in your project.
- C State how you plan to protect them from those risks.
- C Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven issues must be discussed:

### Ø Protection of Clients and Staff from Potential Risks

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.

- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- C Describe the procedures that will be followed to minimize effects of or protect participants against potential risks, including risks to confidentiality.
- C Give plans to provide help if there are adverse effects on participants.
- C Describe alternative treatments and procedures that may be beneficial to the subjects where appropriate. If you do not use these other beneficial treatments, provide reasons.

### Ü Fair Selection of Participants

- C Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background. Address other important factors, such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- C Explain the reasons for using special types of participants, such as pregnant women, children, people with mental disabilities, people in institutions, prisoners, or persons who are likely to be vulnerable to HIV/AIDS.
- C Explain the reasons for including or excluding participants. Provide data from a Needs Assessment to justify any exclusions.
- C Explain how you will recruit and select participants. Identify who will select participants.



## U Absence of Coercion

- C Explain if participation in the project is voluntary or required. Identify possible reasons why it is required (e.g., court orders requiring people to participate in a program).
- C State how participants will be awarded money or gifts if you plan to pay them.
- C State how you will tell volunteer participants about the regularly available services that they may receive, even if they choose not to participate in the Workforce Training Program.

## U Data Collection

- C Identify from whom you will collect data (e.g., participants themselves, family members, teachers, and others). Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- C Identify what, if any, type of specimen (e.g., urine, blood) will be used. State if the material will be used just for evaluation and research or for other uses. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- C Provide in Appendix 5, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

## U Privacy and Confidentiality

Describe how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected. Include in your description:

- < How you will use data collection instruments.
- < Where data will be stored.
- < Who will or will not have access to information.
- < How the identity of participants will be kept private (e.g., by using a coding system on data records, limiting access to records, or storing identifiers separately from data).

NOTE: Awardees must agree to maintain the confidentiality of alcohol and drug abuse client records, according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

## Y Adequate Consent Procedures

- C List what information will be given to people who participate in the project. The list should include, at a minimum:
  - < The type and purpose of their participation, how the data will be used, and how you will keep the data private.
  - < Whether their participation is voluntary.
  - < Their right to leave the project at any time without problems.
  - < Risks from the project.
  - < Plans to protect them from these risks.
- C Explain how you will get consent for youth, people with limited reading skills, and people with Limited English Proficiency.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you should get written, informed consent.

- C Indicate whether you will get informed consent from participants or from their parents or legal guardians. Describe how

the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- C Include sample consent forms in your Appendix 6, titled “Sample Consent Forms.” If consent forms will be used that are in languages other than English, include both the forms that will be used and English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or may release your project or its agents from liability for negligence.

- C Describe whether separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data? Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

#### **P Risk/Benefit Discussion**

Discuss why the risks are reasonable when compared with expected benefits and importance of the knowledge from the project.